

WORKFORCE SERVICES

sdjobs.org

OCCUPATIONAL SKILLS TRAINING REQUEST

Full Name: _____

REQUESTED TRAINING

Training Program: _____ Estimated Cost \$ _____

Certification/Degree upon Completion: _____

Provider: _____ Start Date (MM/YY): ____/____

Location of Training: _____ End Date (MM/YY): ____/____

PARTICIPANT CERTIFICATION

- I am requesting approval of Occupational Skills Training under the Workforce Training Program.
- I understand the Workforce Training program is not an entitlement program.
- I understand, if approved for training, I must abide by the *Occupational Skills Training Conditions and Assurances* (Form 10a and 10b) established by the South Dakota Department of Labor and Regulation (DLR).
- I understand, if approved for training, I must abide by the Student Responsibilities ([Form 21](#) B - Page 2).
- I understand other financial assistance I may receive will be coordinated with Workforce Training funds, and I am not guaranteed funding semester to semester from DLR.
- I understand that if I am approved for training that partner agencies may be a part of my educational planning.

I understand, if approved for training, I must be a full-time student, unless otherwise authorized by DLR, and inform DLR prior to any changes to the approved training program.

Participant Signature: _____ Date: _____

DETERMINATION BY DLR STAFF

A request for approved Occupational Skills Training (OST) may be granted only after the following items (outlined in [Training Services](#) Policy 5.8 and [OST](#) Policy 5.27) have been discussed, reviewed or documented with participant:

- ☐ The participant meets eligibility as Title I Youth, Dislocated Worker or an Adult who meets a targeted population.
- ☐ The Title I Adult, Dislocated Worker, or Youth is unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than previous wages.
- ☐ The participant has the skills and qualifications to successfully participate.
- ☐ The participant's interests and aptitude assessments coincide with the training program.
- ☐ The training will assist the individual in obtaining employment upon completion of the training.
- ☐ Labor Market Information supports the availability of employment opportunities available upon completion.
- ☐ Completed Cost Estimate Worksheet ([Form 21](#) A - Page 1) and signed by all parties.
- ☐ Occupational Skills Training Responsibilities ([Form 21](#) B - Page 2) is reviewed with the participant.
- ☐ Conditions and Assurances ([Form 10A](#)) signed by the participant (all providers have signed this form and agreed to terms as part of the ETPL process, so only the participant needs to sign).
- ☐ Participant has provided the Monthly Income and Expense Record ([Form 8](#)) for the training period.
- ☐ Participant has provided an acceptance letter from training provider for approved program on the ETPL (exception for TAA).
- ☐ Participant has provided a copy of a financial aid letter.

Request for Training is: ____ Approved ____ Denied

Reason for Denial:

Employment Specialist Signature:

Determination Date: